

Form 1040

Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return

2004

(99)

IRS Use Only - Do not write or staple in this space.

JRN 0205

Label
(See
instructions
on page 16.)Use the IRS
label.
Otherwise,
please print
or type.Presidential
Election Campaign
(See page 16.)

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning

2004, ending

, 20

OMB No. 1545-0074

Your first name and initial

Last name

RHONDA

MANN

If a joint return, sp. first name & initial

Last name

Home address (number and street). If you have a P.O. box, see page 16.

104 PROSPECT STREET

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

JERSEY CITY NJ 07307

Your social security number
147-78-1209

Spouse's social security number

Important!
You must enter
your SSN(s) above.

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

You Spouse
Yes No Yes No1 Single4 Head of household (with qualifying person). (See page 17.) If
the qualifying person is a child but not your dependent, enter
this child's name here. ►2 Married filing jointly (even if only one had income)5 Qualifying widow(er) with dependent child. (See page 17.)3 Married filing separately. Enter spouse's SSN above
and full name here. ►Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6aBoxes checked
on 6a and 6b 1
No. of children
on 6c who:b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Ck. if qual. child for child tax cr. (see pg. 18)

d Total number of exemptions claimed

1 1

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	17,739
8a Taxable interest. Attach Schedule B if required	8a	
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified dividends (see page 20)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	-1,028
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	b Taxable amount (see page 22)
16a Pensions and annuities	16a	b Taxable amount (see page 22)
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	3,753
20a Social security benefits	20a	b Taxable amount (see page 24)
21 Other income. List type and amt. (see page 24)	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►	22	20,464

23 Educator expenses (see page 26)	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 IRA deduction (see page 26)	25	
26 Student loan interest deduction (see page 28)	26	
27 Tuition and fees deduction (see page 29)	27	
28 Health savings account deduction. Attach Form 8889	28	
29 Moving expenses. Attach Form 3903	29	
30 One-half of self-employment tax. Attach Schedule SE	30	
31 Self-employed health insurance deduction (see page 30)	31	
32 Self-employed SEP, SIMPLE, and qualified plans	32	
33 Penalty on early withdrawal of savings	33	
34a Alimony paid b Recipient's SSN ►	34a	
35 Add lines 23 through 34a	35	
36 Subtract line 35 from line 22. This is your adjusted gross income ►	36	20,464

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 75.

DAA

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